

Case Number:	CM14-0195794		
Date Assigned:	12/03/2014	Date of Injury:	02/12/1998
Decision Date:	01/15/2015	UR Denial Date:	11/14/2014
Priority:	Standard	Application Received:	11/21/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is licensed in Chiropractic, and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The patient is a 57 year old male who sustained injuries to her neck and upper extremities on 2/12/2998 while performing his duties as a construction worker. Per the PTP's progress report the patient complains of neck and upper back pain. The patient has been treated with medications chiropractic care and home exercises. There are no records of diagnostic imaging studies in the materials provided for review. Diagnoses assigned by the PTP are cervical degenerative disc, chronic cervical sprain/strain and chronic thoracic sprain/strain. The PTP is requesting 3 additional chiropractic sessions to the cervical spine and thoracic spine for this current flare-up.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Chiropractic times 3 sessions Cervical Spine and Thoracic Spine: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation Page(s): 58.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck & Upper Back Chapter, Manipulation Section. MTUS Definitions Page 1

Decision rationale: Per the records provided, the patient has experienced several flare-ups in the past 2 years with each flare-up being at least 4-6 months or longer in occurrence. The

chiropractic treatment records provided for review show objective functional improvement with past chiropractic care rendered, per MTUS definitions. The MTUS-Definitions page 1 defines functional improvement as a "clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam, performed and documented as part of the evaluation and management visit billed under the Official Medical Fee Schedule (OMFS) pursuant to Sections 9789.10-9789.11; and a reduction in the dependency on continued medical treatment." MTUS ODG Neck & Upper Back Chapter recommends additional chiropractic care for flare-ups 1-2 visits every 4-6 months "with evidence of objective functional improvement." Since objective functional gains have been documented and at least 4-6 months have passed since the last flare-up period of June, 2014. The request for the 3 chiropractic sessions requested to the cervical spine and thoracic spine are medically necessary and appropriate.